

Mandatory Co-Pay Implementation Update

October 29, 2010

Dear Phoenix Health Plan (PHP) Providers:

Phoenix Health Plan(PHP) has been endeavoring to keep our network providers up to date with information regarding the newly implemented changes to copay rules for AHCCCS members.

Your PHP provider representative has been providing you with summary information that we hope you have found helpful as you administer these copay changes in your practice. (See the attached one page summary that you may find useful).

As you are aware the implementation of the mandatory copays was postponed for the TWG (code 40) members due to a court order. That court order expires on October 31, 2010. So the TWG member's mandatory copay will be effective for this population of AHCCCS members starting November 1, 2010.

You should continue to use either the AHCCCS or PHP secured websites to determine the appropriate copay category and amounts for your patients. The copay for these members will automatically be updated on these websites.

You can find more specific information on copay requirements on the AHCCCS website at: <http://www.azahcccs.gov/commercial/providerbilling/copayments.aspx>

Please be advised that PHP, as required by Statute, will be deducting the mandatory copay values from your services reimbursement. You will see these deductions coded on your PHP remittance advices as copay reasons- W1-W2 or M1-M3.

Your PHP provider representatives have additional code specific information about our system set up related to each Copay related service. Feel free to contact them directly should you need additional assistance or call the number below.

AHCCCS Copayment Summary

AHCCCS Rule R9-22-702 C. 1. authorizes registered providers to "charge, submit a claim to, or demand or collect payment" from members "to collect an authorized Copayment." Providers may bill members for Mandatory co-payments.

Co-Pay Levels as of 10/1/2010

Member Eligibility Code	Type of Co-Pay	Member Eligibility Category	Service	Co-Pay Amount	Service Limitations for Non Payment of Co-Pays
00	Exempt	Exempt			No Copay to be charged
20	Nominal	Traditional *	Pharmacy	\$2.30	Copay may be charged but services can't be refused for nonpayment of Copay
			Office Visit	\$3.40	
			Therapy	\$2.30	
21	Nominal	HIFA	Pharmacy	\$2.30	Copay may be charged but services can't be refused for nonpayment of Copay
			Office Visit	\$3.40	
			OP Therapy	\$2.30	
40	Mandatory	TWG*	Generic Rx	\$4	Copay to be charged and services can be refused for nonpayment of Copay This Mandatory copay was on hold due to court order, now effective 11-01-2010
			Brand Name Rx	\$10	
			Non Emergency use of ER	\$30	
			Office Visit	\$5	
50	Mandatory	TMA	Pharmacy	\$2.30	Copay to be charged and services can be refused for nonpayment of Copay
			Surgery	\$3	
			OP Therapy	\$3	
			Office Visit	\$4	

No co-payments are permitted for the following members-irrespective of the service provided:

- 1) Individuals under age 19, including KidsCare members.
- 2) Individuals determined to be Seriously Mentally Ill (SMI) by the Az Department of Health
- 3) ALTCS members
- 4) Individuals eligible for Children's Rehabilitative Services (CRS)
- 5) Individuals who are institutionalized including individuals who qualify for ALTCS (including HCBS members.)
- 6) Individuals who are receiving hospice care

The AHCCCS and PHP secured eligibility websites will show these members as coed 00-EXEMPT

Copayments are never charged for the following services for anyone:

- 1) Hospitalizations and services received while in a hospital.
- 2) Emergency use of an emergency room
- 3) **Family Planning services and supplies**

Pregnancy related health care including tobacco cessation treatment for pregnant women

As a provider you can verify an AHCCCS Member's eligibility and co-pay requirements by logging onto the secured provider portal at <https://azweb.statemedicaid.us/Home.asp>. If you do not have a log on you can go to the New Account section of this page to register for one.